10337

10322

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredericktown
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fredericktown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) BECK

4. DATE OF DEATH (Month) 11 (Day) 9 (Year) 1964

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	White	Widowed	9-6-77.	77. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer		Maryland	U.S.A.

13. FATHER'S NAME: John Beck

14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	Lost	Clifton Beck Middletown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Acute Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. — M. D. — DATE SIGNED 11-10-64

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	Nov 13 1964	Crailton Asm.	Crailton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 12 64	Mrs Howard W. Keyser	Edward Fellows	middletown md.

RECEIVED
NOV 16 1954
BUREAU V. S.

10323 10323

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21 | LENGTH OF STAY in this place all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union 20 Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) W (Last) BRATTON
4. DATE OF DEATH (Month) 11 (Day) 26 (Year) 1954
5. SEX: F. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow 8. DATE OF BIRTH: 9-1-1877 9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housework. 10b. KIND OF BUSINESS OR INDUSTRY: Farming. 11. BIRTHPLACE (State or foreign country): Cecil Co Md. 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Wilson
14. MOTHER'S MAIDEN NAME: Beulah W. Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: Wm Wilson Bratton, 312 Bonnabe Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)
Immediate cause (a) Fractured right femur. DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Paget's Disease, Cardio Nephritis DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home | 21c. (City or town) North East (County) Cecil (State) Md
21d. TIME OF INJURY (Month) 10 (Day) 23 (Year) 54 (Hour) 1 P.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Fell in bathroom

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE R le Dodson. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Nov-29/54 | NAME OF CEMETERY OR CREMATORY Presbyterian | LOCATION (City, town, or county) (State) Elkton, Md
DATE REC'D BY LOCAL REG. Nov 29 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Elkton, Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10324

10338 **CERTIFICATE OF DEATH**

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Midd. Del — LENGTH OF STAY (in this place): 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.#1 Midd. Del

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Mr. Midd. Del
STREET ADDRESS (If rural, give location): R.F.D. #1 Midd. Del

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Tullard (Last) Buckworth
4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 4 1869
9. AGE last birthday: 84 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: George Buckworth
14. MOTHER'S MAIDEN NAME: Elizabeth Whaley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Ira Buckworth RFD #1 Midd. Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary thrombosis — Interval between onset and death: hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic heart disease — years

(c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1953, to 10/7, 1954, that I last saw the deceased alive on 10/11, 1954, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE: Nancy L Hoch n.p. (Degree or title) ADDRESS: 106 S. Broad St. Middletown DATE SIGNED: 10/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 10, 1954 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county) (State): Chesapeake City Md.

DATE REC'D BY LOCAL REG.: Nov 9 54 — REGISTRAR'S SIGNATURE: Mrs Howard W. Cheyney

24. FUNERAL DIRECTOR: Edward Pellew — ADDRESS: Billingsville Md

RECEIVED
NOV 12 1954
BUREAU V. S.

10339

10325
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East Rd | LENGTH OF STAY (In this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) DENNIS (Middle) JAMES (Last) CARTER.

4. DATE OF DEATH (Month) 11 (Day) 26 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 10-22-54

9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W Carter

14. MOTHER'S MAIDEN NAME: Viola Maule.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: James W Carter, North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Influenza a Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY | **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ | **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 11-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Nov. 28 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) North East Cecil | (State) Md

DATE REC'D BY LOCAL REG. Nov 28-54 | REGISTRAR'S SIGNATURE Sarah E. Rotherme | **24. FUNERAL DIRECTOR** Joseph P. Grant | ADDRESS North East Md

VS. A15A - 5 - 53

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DEC 3
BUREAU V. S.

10324

10326 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21 | LENGTH OF STAY (in this place) 3 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East Rd 1 X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BARBARA	ANN	DIXON	11	11	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	White	Single	8-16-1954		2	26		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant		Elkton Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Benjamin Harry Dixon	Jeanne Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	Mrs Jeanne Collins, North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeRoy Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Nov 14 1954	West Jefferson	North Carolina

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 12	H Brazier	Pippin Funeral Home	Elkton, Md

By D.M.D.

VS. A15A - 5 - 53

RECEIVED
NOV 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10327

10340

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 10yrs.10mo.8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 612 E. Pratt

3. NAME OF DECEASED: (Type or Print) (First) LEROY (Middle) (NMI) (Last) DOTSON

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-21-75

9. AGE last birthday: 79 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Various odd jobs

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia bronchial bilateral, severe	3 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Empyema right, due to esophagomalacia and leakage	3 to 4 days
	DUE TO (C) Arteriosclerosis generalized, severe	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 12-31, 1943, to 11-8, 1954, ~~that I last saw the deceased~~ and that death occurred at 10:40PM, from the causes and on the date stated above.

SIGNATURE E.S.Ells
ADDRESS E.S.ELLS, Acting Chief, Professional Services M.D. VAH, Perry Point, Md.
DATE SIGNED 11-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 11-10-54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Nov 12, 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty

24. FUNERAL DIRECTOR PENNINGTON & SON
ADDRESS Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10341

CERTIFICATE OF DEATH

10328

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East — LENGTH OF STAY (in this place) going through — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — STREET ADDRESS (If rural give location) Park Circle

NAME OF DECEASED: (Type or Print) (First) Sterling (Middle) Ellsworth (Last) Dunbar

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married — 8. DATE OF BIRTH: March 23 1887 — 9. AGE last birthday 67 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Monuments - marble — 10B. KIND OF BUSINESS OR INDUSTRY: Tombstone — 11. BIRTHPLACE (State or foreign country): Elkton — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Justus Dunbar — 14. MOTHER'S MAIDEN NAME: Mary Catherine Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI — 16. SOCIAL SECURITY NO. 21-6037-876 — 17. INFORMANT & ADDRESS: His widow - Evelyn Dunbar

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: about 1 hr.

ANTECEDENT CAUSE (B) DUE TO Myocardial failure — 1 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1954, to Nov. 28, 1954 that I last saw the deceased alive on Nov. 27, 1954, and that death occurred at 4:45 M, from the causes and on the date stated above.

SIGNATURE V. H. McKnight M.D — ADDRESS Elkton - Md. — DATE SIGNED Nov 29 - 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov 4, 1954 — NAME OF CEMETERY OR CREMATORY Elkton Cemetery — LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 30 — REGISTRAR'S SIGNATURE David E. Rothermel — 24. FUNERAL DIRECTOR Pyper's Funeral Home — ADDRESS Elkton, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10327 10331

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21 | LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Elkton Blvd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Calvin (Last) Fox
4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1954
5. SEX: M. **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married **8. DATE OF BIRTH:** 5-13-1891 **9. AGE last birthday:** 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Foreman **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME: John le Fox **14. MOTHER'S MAIDEN NAME:** no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I **16. SOCIAL SECURITY NO.:** **17. INFORMANT & ADDRESS:** Mrs. Calvin Fox Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Pistol Shot Cal in Rt Temple. DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.,) INJURY Home **21c.** (City or Town) Elkton (County) Cecil (State) Md

21d. TIME OF INJURY (Month) 11 (Day) 28 (Year) 54 (Hour) 9 A.M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Shot self.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF 12/3/54 NAME OF CEMETERY OR CREMATORY Elkton Cemetery LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. Dec 3 REGISTRAR'S SIGNATURE F R Bragg **24. FUNERAL DIRECTOR** Riggin Funeral Home ADDRESS Elkton Md

VS. A15A - 5 - 53

10342 10332

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97-[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (In this place) None
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pennsylvania Railroad Station, Perryville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Schuylkill
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Tamaqua
STREET ADDRESS (If rural, give location) R.D. 1

3. NAME OF DECEASED: (Type or Print) (First) Glen (Middle) Joseph (Last) Gravell

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8 December 1935

9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): Tamaqua, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William (n) Gravell

14. MOTHER'S MAIDEN NAME: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 191 28 5720

17. INFORMANT & ADDRESS: U.S.Navy, Bainbridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) FRACTURE, SKULL, COMPOUND — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) None

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION: //

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Railroad Station

21c. (City or town) Perryville (County) Cecil (State) Maryland

21d. TIME OF INJURY (Month) 11 (Day) 12 (Year) 1954 (Hour) 5:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Hit by train #105

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-13-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial

DATE THEREOF: 11-15-54

NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery

LOCATION (City, town, or county) Tamaqua (State) Schuylkill Co. Pa.

DATE REC'D BY LOCAL REG. 11-15-54

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR [signature] **ADDRESS** Pottsville, Pa.

VS. A15A - 5 - 53

10343

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10333 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 94

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East RD | LENGTH OF STAY in this place: all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) B (Last) HARRIS

4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	White	Widower	6-9-1883	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer Farm	Farming	North East Md.	U S A.

13. FATHER'S NAME: William J. Harris

14. MOTHER'S MAIDEN NAME: Sarah E McKinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	—	Lina Harris North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-2-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-3-1954	HARTS	North East RD Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-3-54	Sarah E Rothermel	Joseph R Thomas	North East Md

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10334

10328

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton #1
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Milburn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 117 Milburn

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Hindman
4. DATE OF DEATH: (Month) November (Day) 7 (Year) 1957
5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 15, 1864
9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Noah Congo
14. MOTHER'S MAIDEN NAME: Charlotte —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hattie Hindman 117 Milburn St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Anemia	3 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1957, to Nov. 7, 1957, that I last saw the deceased alive on Nov. 3, 1957, and that death occurred at 4:30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kimmel Johnson	M.D.	205 E. High St, Elkton Md.	11/8/57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/11/57	Providence Cemetery	Elkton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 10	H. Frazer	Pepper Funeral Home	Elkton Md

B. D.M.D.

10335

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10344

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Elkton
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Elkton, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Solomon	W.	Hunter	11	29	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	5/14/69	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant		Wilkesburrow, Pa.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Hunter	Anne Wintle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.	217-16-0148A	E. Kirk Brown Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Carcinoma of Caecum.	1951
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Metastasis to lung.	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1951		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1951, to Nov 29, 1954, that I last saw the deceased alive on Nov 29, 1954, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald K. Spreader, MD		Elkton, Md	Nov. 29, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
cremation	11/30/54	Silverbrook	Wilmington	Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 30	J R Frazier	Ralph M Reed	Rising Sun, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10336

10345 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (In this place) 3yrs.7mo.1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Laryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
STREET ADDRESS (If rural give location) Woodland Beach

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) W. (Last) JOHNSON

4. DATE OF DEATH: (Month) November (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-7-91

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Shipyard

11. BIRTHPLACE (State or foreign country): Columbia Furnace, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Iziah Johnson - Deceased

14. MOTHER'S MAIDEN NAME: Marianda Moonmaugh - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, bronchial, general — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Myocardial infarction — 1 month

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, cerebral — Unknown

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 4-19..., 19 51 to 11-20..., 1954., that I last saw the deceased on [illegible] and that death occurred at 5:55PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services — ADDRESS M.D. VAH, Perry Point, Md. — DATE SIGNED 11-23-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 11-23-54 — NAME OF CEMETERY OR CREMATORY Grafton National — LOCATION (City, town, or county) (State) Grafton, West Virginia

DATE REC'D BY LOCAL REGISTRAR Nov 25 1954 — REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR PENNINGTON & SON — ADDRESS Havre de Grace, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10337

10329 CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R1 | LENGTH OF STAY (in this place) 14 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Devine Nurseing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit, Md. Rural
STREET ADDRESS (If rural give location) Kimble Farm

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jan e (Last) Kimble
4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 6-20- 1861
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Peter Tome
14. MOTHER'S MAIDEN NAME: Mary Jane Overlander
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: C.T. Kimble, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Left V. Heart Failure	24 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertensive Cardiovascular Desease	yrs.
	DUE TO (c)	Arteriosclerosis	yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov, 1954, to 19 Nov, 1954, that I last saw the deceased alive on 19 Nov, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE George Kimble (Degree or title) M.D ADDRESS Elkton Md DATE SIGNED 19 Nov. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-22-1954 — NAME OF CEMETERY OR CREMATORY Hopewell — LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR Nov 20 — REGISTRAR'S SIGNATURE H R Frazier — 24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10338

10330 CERTIFICATE OF DEATH

Reg. Dist. No. 9z

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY ELKTON-CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKTON #1
LENGTH OF STAY (in this place) 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS DEVINE HAVEN CONVOL. HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAVRE de GRACE #1
STREET ADDRESS (If rural give location) 102 VANDIVER COURT.

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) GRACE (Last) KIRKENDALL
4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	MARRIED	1/16/1875	79 yrs.	10	7		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOUSEWIFE	IOWA	USA

13. FATHER'S NAME: David Southerland
14. MOTHER'S MAIDEN NAME: Ann R. Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no	no	UNK	MRS RAY KIRKENDALL, BACK RIVER, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) DUE TO Hypertensive Cardiovascular Disease	3-4 yrs
ANTECEDENT CAUSE (S)	(B) DUE TO Arteriosclerosis	10 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 MAR, 1954, to 23 NOV, 1954, that I last saw the deceased alive on 23 NOV, 1954, and that death occurred at 9:35 P M, from the causes and on the date stated above.

SIGNATURE George Kirkendall Jr. M. D. ADDRESS Elkton, Md DATE SIGNED 11/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/27/1954	BEL AIR MEMORIAL GARDEN	BEL AIR, HARFORD, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 24	F P Frazer	Germaston & Son	Havre de Grace, Md.

VS. A11—10-53

10339

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10346 CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 20yrs.6mo.16days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 1514 Sheffield Road

3. NAME OF DECEASED: (First) WALTER (Middle) L. (Last) KNELL

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-20-1887

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY: United Railway Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Knell - Deceased of Baltimore

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

IMMEDIATE CAUSE (A) Pneumonia bronchial bilateral — INTERVAL BETWEEN ONSET AND DEATH: Approx. 10 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Bronchogenic carcinoma right upper lobe, with generalized metastasis — unknown

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 4-24 , 19 34 to 11-9 , 19 54 ~~last saw the deceased~~ alive on ~~[illegible]~~ and that death occurred at 6:25a M, from the causes and on the date stated above.

SIGNATURE E. S. Ells ADDRESS E.S.ELLS, Acting Chief, Professional Services D. D. VAH, Perry Point, Md. DATE SIGNED 11-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 11-9-54 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 9, 1954 — REGISTRAR'S SIGNATURE Ida M. Dingfelder Actg Reg

24. FUNERAL DIRECTOR & ADDRESS Wm. Cook Inc., St. Paul & Preston St., Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10340

10331 CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton - LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City - Md
STREET ADDRESS (If rural, give location) Canal Street

3. NAME OF DECEASED: (First) Harry (Middle) T. (Last) Lloyd

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married | 8. DATE OF BIRTH: Apr 5-1875 | 9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10B. KIND OF BUSINESS OR INDUSTRY: General | 11. BIRTHPLACE (State or foreign country): Chesapeake City - Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Lloyd | 14. MOTHER'S MAIDEN NAME: Rebecca Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 169-20-1544

17. INFORMANT & ADDRESS: Mrs Lale Lloyd-Widow

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Chronic Bronchitis	4 yrs.
ANTECEDENT CAUSE (S)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	with pulmonary congestion	14 days.
	(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to Nov 12, 1954, that I last saw the deceased alive on Nov. 12, 1954, and that death occurred at 3:40 M, from the causes and on the date stated above.

SIGNATURE W. H. McKnight M.D. ADDRESS M.D. Elkton-Maryland DATE SIGNED Nov 13-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 15, 1954 | NAME OF CEMETERY OR CREMATORY Bethel Cemetery | LOCATION (City, town, or county) (State) Nr Chesapeake City, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 15 | REGISTRAR'S SIGNATURE H Frazer | 24. FUNERAL DIRECTOR Pippin Funeral Home | ADDRESS Elkton, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10341

10347

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 8yrs.5mo.11days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dorchester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Golden Hill; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) WILLIE (Middle) H. (Last) MEEKINS

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11-23-1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Golden Hill, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Willie H. Meekins

14. MOTHER'S MAIDEN NAME: Carrie Spicer - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia, bronchial, bilateral	3 to 4 days
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Meningovascular syphilis with cerebral edema and congestion, severe	unknown
DUE TO	(C) Arteriosclerosis, generalized, moderate	unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21 , 1946 to 11-1 , 1954, and that death occurred at 10:45 AM from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 11-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 11-3-54 — NAME OF CEMETERY OR CREMATORY Meekins Nick — LOCATION (City, town, or county) (State) Golden Hill, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 4, 1954 — REGISTRAR'S SIGNATURE Ida M. Daugherty Actg Reg.

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10342

10348 CERTIFICATE OF DEATH Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 4yrs.4mo.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2107 Christian

3. NAME OF DECEASED: (Type or Print) (First) HOMER (Middle) E. (Last) MEYERS

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 2-28-92

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Ball Chemical Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Meyers - Deceased

14. MOTHER'S MAIDEN NAME: Rachel Gosnell - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pancreatitis acute, hemorrhagic	24 hours
ANTECEDENT CAUSE (S) DUE TO	(B) Pneumonia bronchial bilateral	3 to 4 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) Hypertensive cardiovascular renal disease	over 20 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28 , 1950, to 11-8 , 1954, and that death occurred at 6:05p M, from the causes and on the date stated above.

SIGNATURE E. S. Ells ADDRESS VAH, Perry Point, Md. DATE SIGNED 11-9-54

E.S.ELLS, Acting Chief, Professional Services

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal DATE THEREOF 11-9-54 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 10, 1954 REGISTRAR'S SIGNATURE Della M. Daugherty acting Regt.

24. FUNERAL DIRECTOR Preston Funeral Home ADDRESS Havre de Grace, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10343

10349 # CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 4 yrs. 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 509 Archer Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (MMI) (Last) MITCHELL JR.
4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 1-6-22
9. AGE last birthday 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY. National Window Shade Company
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Mitchell - Deceased
14. MOTHER'S MAIDEN NAME: Gertrude Caldwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia (aspiration)	2 weeks
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Cerebral hemorrhage	2 weeks
DUE TO	(C) Grand Mal Seizures	3 or 4 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Schizophrenic reaction, catatonic type	over a period of 10

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 1950, to 11-16., 1954, that I last saw the deceased alive on ..... and that death occurred at 3:35 AM, from the causes and on the date stated above.
SIGNATURE E. S. Ells M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 11-17-54
E.S.ELLS, Acting Chief, Professional Services

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 11-16-54
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 17, 1954
REGISTRAR'S SIGNATURE Isaac Dougherty Local Reg.
24. FUNERAL DIRECTOR PENNINGTON & SON
ADDRESS Havre-de Grace, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOV
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10344

CERTIFICATE OF DEATH

Reg. Dist. No. 96

10350

1. PLACE OF DEATH:
COUNTY Cecil
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Perryville, Rural
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
STREET ADDRESS (If rural give location) Aikin

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Young (Last) Neale

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-6-1892

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Agent-Operator,

10b. KIND OF BUSINESS OR INDUSTRY: B&O R R

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Isaac Y. Neale

14. MOTHER'S MAIDEN NAME: Sarah Elderkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: May W. N eale, Perryville, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Urinary Hemorrhage and Heart Failure — Interval Between Onset And Death: 2 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 18 mos.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug '53 Aug '54

19b. MAJOR FINDINGS OF OPERATION: Carcinoma (Adeno) of Prostate Gland

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953 to Nov, 1954, that I last saw the deceased alive on 15 Nov., 1954 and that death occurred at 9.40 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Wallace H Sadowsky MD
ADDRESS Perryville Md
DATE SIGNED 11/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-19-1954
NAME OF CEMETERY OR CREMATORY Ouleont Valley
LOCATION (City, town, or county) (State) Franklin, Dela. Co. N.Y.

DATE REC'D BY LOCAL REGISTRAR Nov 16 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty acty Reg.

24. FUNERAL DIRECTOR Wm. A. Patterson & Son
ADDRESS Perry ville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10332

10345
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkton Heights | LENGTH OF STAY (in this county)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 514 Bow St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Heights Elkton
STREET ADDRESS (If rural, give location) 514 Bow St.

3. NAME OF DECEASED: (First) WILLARD (Middle) ROBINSON (Last) PIERSON
4. DATE OF DEATH (Month) 11 (Day) 11 (Year) 1954

5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: 1-20-1906 | 9. AGE last birthday: 48 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager of Supply & Building Supply | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Elkton Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E Pierson | 14. MOTHER'S MAIDEN NAME: Nellie Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 213-05-5918 | 17. INFORMANT & ADDRESS: Mildred M. Pierson, 514 Bow St Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide Gas. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: / | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home | 21c. (City or town) Elkton (County) Cecil (State) Md.

21d. TIME OF INJURY (Month) 11 (Day) 11 (Year) 54 (Hour) 9 A.M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Carbon monoxide Gas.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dockrey M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. | DATE SIGNED 11-12-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 14/1954	Elkton Cemetery	Elkton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 14	F H Teague	Pippin Funeral Home Wm A. Lusby	Elkton Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10333

10346 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 298 Holly North Manor

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE D SADLER. jr.	11 8 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M.	White	Widowed	8-22-1889	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Miner	Coal mines	Barker Garden Va.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George D. Sadler. Sr	Katherine Finks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	233-12-4807	Katheline Williamson, Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H L Dodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-8-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 11, 1954	Elkton Cemetery	Elkton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 9	F.R. Frazer	Pippin Funeral Home	Elkton Md

W. A. Lusby.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10351

CERTIFICATE OF DEATH

10347

Reg.-Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rising Sun; LENGTH OF STAY (In this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rising Sun; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Estella (Middle) (Last) Sanders

4. DATE OF DEATH: (Month) November (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/23/1879

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kent County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Sanders

14. MOTHER'S MAIDEN NAME: Laura Covey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: George Sanders, Rising Sun, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Intestinal perforation — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Intestines — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4, 1954, to 11/23, 1954, that I last saw the deceased alive on 11/23, 1954, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE: Neil R. Taylor (Degree or title) M.D. ADDRESS: Rising Sun, Md. DATE SIGNED: 11/23/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11/26/54

NAME OF CEMETERY OR CREMATORY: Bethel

LOCATION (City, town, or county) (State): Bethel, Cecil Co. Md

DATE REC'D BY LOCAL REG.: NOV 26-54

REGISTRAR'S SIGNATURE: L. McMarington

24. FUNERAL DIRECTOR: Ralph M. Reed ADDRESS: Rising Sun, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10348

10334 CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKTON.
LENGTH OF STAY (in this place) LIFE.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 223 W. High St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON, Md
STREET ADDRESS (If rural give location) 223 W. High St

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) BeLLe (Last) SchAFFER

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: FEB 2 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10B. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): ELKTON, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Heath

14. MOTHER'S MAIDEN NAME: Harriett Bryson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Myrtle White ELKTON Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Cardio-Vascular Renal — Unknown

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial asthma — Unknown

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ..., 19 47 to Nov. 28, 19 54 that I last saw the deceased alive on ...Nov. 27., 19 54, and that death occurred at 12:20 P. M, from the causes and on the date stated above.

SIGNATURE J. Ralph Anderson Jr. M.D. ADDRESS Elkton, Md. DATE SIGNED Nov. 29, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial. — DATE THEREOF Dec 1, 1954 — NAME OF CEMETERY OR CREMATORY ELKTON, Cemetery — LOCATION (City, town, or county) (State) ELKTON, Md

DATE RECD BY LOCAL REGISTRAR Nov 30 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Pippin Funeral Home — ADDRESS Elkton, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10350

10335 CERTIFICATE OF DEATH Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural-Elkton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Towers

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 11/6/60

9. AGE last birthday 94 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Ship Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathaniel Towers

14. MOTHER'S MAIDEN NAME: Elizabeth Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Sue C. Borden 2922 Washington St, Wilmington, Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Cardio-Vascular Renal Disease — Unknown

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 21, 1954, to Nov. 23, 1954, that I last saw the deceased alive on Nov 22, 1954, and that death occurred at 1:25 A M, from the causes and on the date stated above.

SIGNATURE J. Reid Andrews Jr. M.D. ADDRESS Elkton Md DATE SIGNED 11/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/27/54 — NAME OF CEMETERY OR CREMATORY Silverbrook Cemetery — LOCATION (City, town, or county) (State) Wilmington, Delaware

DATE REC'D BY LOCAL REGISTRAR Nov 24 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Albert J. McCreery E.S.R. — ADDRESS Wilmington Del.

10351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10336

CERTIFICATE OF DEATH

Reg. Dist. No. 93

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Va. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HESS (Last) TREADWAY

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Nov. 28, 1881 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): West Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Treadway | 14. MOTHER'S MAIDEN NAME: Lottie Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs Nellie Treadway, Elkton RD — Blue Ball Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio vascular renal — 1 year
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 19 54, to 11/19, 19 54, that I last saw the deceased alive on 11/19, 19 54, and that death occurred at 11:55 A.m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 11/20/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 22/54 | NAME OF CEMETERY OR CREMATORY: Union | LOCATION (City, town, or county): Elkton RD (State): Md

DATE REC'D BY LOCAL REG.: Nov 22 | REGISTRAR'S SIGNATURE: H R Frazer | 24. FUNERAL DIRECTOR: Lupton Funeral Home | ADDRESS: Elkton, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10352 CERTIFICATE OF DEATH

10352
Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perryville
MARYLAND
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cecil Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perryville
STREET ADDRESS (If rural give location): Cecil Ave

3. NAME OF DECEASED: (First) Luciano (Middle) (Last) Vicolio
4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: W Italian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 12-26-1873
9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: P.R.R.
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Biagrio Vicolio
14. MOTHER'S MAIDEN NAME: Maria Donnia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 716-07-6779
17. INFORMANT & ADDRESS: Joseph Sellare, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cardio Vascular insufficiency
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus
DUE TO
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1954 to 11-21, 1954, that I last saw the deceased alive on 11-19, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) L. Lewis M.D. ADDRESS Havre de Grace Md DATE SIGNED 11-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-22-1954
NAME OF CEMETERY OR CREMATORY Mt. Erin
LOCATION (City, town, or county) (State) Havre De Grace, Md.
DATE REC'D BY LOCAL REGISTRAR 11/22/1954
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR Wm A. Patterson & Son. ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 23 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10353

CERTIFICATE OF DEATH

10353

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
LENGTH OF STAY (in this place) 1 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Mass. COUNTY Suffolk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boston 34
STREET ADDRESS (If rural give location) 4 Islington Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) WALLACE (Last) WHITE JR
4. DATE OF DEATH: (Month) NOV (Day) 15 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-15-36
9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): USN
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Boston, Mass.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Wallace White
14. MOTHER'S MAIDEN NAME: Mary Theresa White (Maiden unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: 026 26 8818
17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) INFARCTION, MYOCARDIUM, cause unknown #4701
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-14
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11-, 1954, to 11-14, 1954, that I last saw the deceased alive on 11-14-54 1954, and that death occurred at 0645 11-15-54, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. SPOONT LT MC USNR-R NTC Bainbridge, Md. 11-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 11-16-54
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) (State) Boston, Mass

DATE REC'D BY LOCAL REGISTRAR 11-17-54
REGISTRAR'S SIGNATURE Dorothy B. Trimble
24. FUNERAL DIRECTOR ADDRESS Lee A. Patterson & Son Perryville, Md.

RECEIVED
NOV 19 1954
BUREAU V. S.